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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/8/2012

**SUBJECT:** Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program and New Drug Utilization Review (DUR) Board Approved Service Authorization (SA) Requirements — **Effective July 1, 2012**

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Fee-For-Service Preferred Drug List (PDL) Program and new DUR Board approved SA requirements that will be effective on July 1, 2012.

## **Preferred Drug List (PDL) Updates — Effective July 1, 2012**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid Fee-for-service program allows payment without requiring service authorization (SA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL information in this Memo applies for the Medicaid and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a DMAS contracted MCO. Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCOs). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different PDL, prior authorization, billing, and reimbursement guidelines than those described for Medicaid and FAMIS fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the DMAS MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 19, 2012 and approved the following **changes** to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Antihyperkinesis/CNS Stimulants and Related Agents	Methylphenidate ER Tablets	Concerta <sup>®</sup> non-preferred after 8/31/2012 <i>*Both Methylphenidate ER tablets and Concerta<sup>®</sup> will be preferred through 8/31/2012. After 9/1/2012 Concerta<sup>®</sup> will be non-preferred.</i>
Quinolones, Oral (2 <sup>nd</sup> and 3 <sup>rd</sup> Generation)	Levofloxacin Tablet	Axelox <sup>®</sup>
Drug Class	Preferred	Non-Preferred (requires SA)
Non-steroidal Anti-inflammatory Drugs	Ketoprofen IR, Indomethacin IR, Nabumetone, Etodolac IR	Naproxen EC, Diclofenac SR, Fenoprofen, Meloxicam Suspension
Macrolides/Ketolides	Ery <sup>®</sup> tab	Erythromycin Base Capsule DR, Eryped <sup>®</sup> 200 Suspension
Analgesics/Narcotics Long Acting	Fentanyl, Methadone 10mg/5ml, 5mg/5ml oral solution, Methadone 5/10 mg tablets	Duragesic <sup>®</sup> *, Dolophine <sup>®</sup> and Methadose <sup>®</sup> <i>*Both fentanyl and Duragesic<sup>®</sup> patches will be preferred through 8/31/2012. After 9/1/2012 Duragesic<sup>®</sup> will be non-preferred.</i>
Contraceptives, Oral	Cryselle <sup>®</sup> , Femcon <sup>®</sup> Fe, Loestrin <sup>®</sup> Fe, Ella <sup>®</sup> , Enpresse <sup>®</sup> , Trivora <sup>®</sup> -28, Microgestin <sup>®</sup> , Microgestin <sup>®</sup> Fe, Mircette <sup>®</sup> , Next Choice <sup>®</sup> , Norinyl <sup>®</sup> 1+50, Zovia <sup>®</sup> 1-35E, Zovia <sup>®</sup> 1-50E	Portia, Ortho-Cyclen, Lo Ovral-28
Acne Agents, Topical (new clinical edit added)	Combo benzoyl peroxide & Clindamycin: clindamycin phosphate gel, lotion, med.swab and solution	Azelex <sup>®</sup> , Benzefoam <sup>™</sup> , Benzefoam Ultra <sup>™</sup> , Benziq <sup>™</sup> gel, Benziq <sup>™</sup> suspension, benzoyl peroxide towelette, BPO Kit, Cleocin T <sup>®</sup> Gel, Cleocin T <sup>®</sup> Lotion, Cleocin T <sup>®</sup> Med. Swab, Clindacin <sup>™</sup> Pac Kit, Clindagel <sup>®</sup> , clindamycin phosphate foam, Delos Lotion <sup>™</sup> , Evoclin <sup>™</sup> , Inova <sup>™</sup> , Lavoclen <sup>™</sup> Cleanser, Lavoclen <sup>™</sup> Kit, Nuox <sup>™</sup> , Pacnex <sup>®</sup> , Pacnex <sup>®</sup> HP, Pacnex <sup>®</sup> LP, Se BPO 7-5.5% Wash Kit, Se BPO Cleanser
Topical Retinoids/Combinations	Differin <sup>®</sup> 0.1% topical lotion	Retin-A Cream/Gel, Avita <sup>®</sup> Cream/Gel
Antivirals, Oral (herpes)	Famciclovir	Famvir
Antivirals, Oral (influenza)		Amantadine Tablets
Ophthalmic Antihistamines	Optivar <sup>®</sup> and Pataday <sup>™</sup>	
Ophthalmic Mast Cell Stabilizers	Alrex <sup>®</sup>	
Ophthalmics, Antibiotics	Bacitracin/polymyxin b sulfate ointment, Gentamicin drops/ointment, Moxeza, Neomycin-Polymyxin-Gramicidin, Polymyxin/Trimethoprim, Sulfacetamide solution, Tobramycin, Erythromycin	Bacitracin, Bleph <sup>®</sup> - 10, Garamycin <sup>®</sup> Drops/Ointment, Ilotycin <sup>®</sup> , Natacyl <sup>®</sup> , Neomycin/Bacitracin/Polymyxinoit, Neosporin <sup>®</sup> Polytrim <sup>®</sup> , Sulfacetamide ointment, Tobrex <sup>®</sup> drops/ ointment and Zymar <sup>®</sup> are not preferred
Oral Antifungals	Clotrimazole (mucous mem), Fluconazole suspension/tablet, Ketoconazole, Nystatin suspension/tablet	Ancobon <sup>®</sup> , Diflucan <sup>®</sup> tablet, Diflucan <sup>®</sup> suspension, flucytosine, Noxafil <sup>®</sup> , Terbinafine <sup>™</sup> kit, Vfend <sup>®</sup> suspension/tablet, Voriconazole
Oral Anticoagulants	Pradaxa <sup>®</sup> and Xarelto <sup>®</sup>	
Cephalosporins 2 <sup>nd</sup> Generation	Cefaclor ER	Spectracef <sup>®</sup>
Oral Hypoglycemics (DPP-IV inhibitors and combinations)	Jentadueto <sup>®</sup> and Kombiglyze <sup>®</sup>	
Oral Hypoglycemics (Thiazolidinediones)	Actoplus <sup>®</sup> Met	
Cough and Cold (legend only)	Centergy, Tusnel Pediatric Drops, Promethazine-DM Syrup, Lohist-DM Syrup, Carbatuss-12, Benzonatate capsule	Tessalon <sup>®</sup> Perle

The following drugs have clinical edits. Please refer the Preferred Drug List for the complete clinical edit criteria for each drug. This list can be accessed at [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://www.virginiamedicaidpharmacyservices.com/>:

- Suboxone® SL/Film and Buprenorphine SL tablets (Opioid Analgesics and Dependency),
- Methadone (higher dose for opioid analgesics and dependency and lower doses for pain as part of the long acting narcotics class)
- Pradaxa® and Xarelto®
- Carisoprodol Products
- Dermatologic Acne Agents
- Cough and Cold Agents

DMAS recently reformatted the structure of the PDL to include both the preferred and non-preferred drugs in each therapeutic class as well as the criteria for SA. A copy of the revised PDL can be found at [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a faxed copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to [pdlinput@dmas.virginia.gov](mailto:pdlinput@dmas.virginia.gov).

#### **DMAS Drug Utilization Review Board Activities**

The DMAS Drug Utilization Review Board (DUR Board) met on March 15, 2012 and recommended that DMAS require prescribing providers to submit a Service Authorization (SA) for the use of the following drugs based on FDA approved labeling effective July 1, 2012:

Jakafi® (ruxolitinib)  
Onfi® (clobazam)  
Promacta® (eltrombopag)  
Firazyr® (icatibant)  
Xalkori® (crizotinib)  
Zelboraf® (vemurafenib)

Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
4300 Cox Road  
Glen Allen, Virginia 23060

Copies of the SA forms which include the criteria are available online at <https://www.virginiamedicaidpharmacyservices.com>.

### **PDL Service Authorization (SA) Process**

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
4300 Cox Road  
Glen Allen, Virginia 23060

A copy of the SA form is available online at <https://www.viriniamedicaidpharmacyservices.com>. The PDL criteria for SA purposes are also available on the same website.

<b>Useful Telephone Numbers For Medicaid Participating Pharmacies</b>	<b>Telephone Number(s)</b>	<b>Information Provided</b>
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, etc., the generic drug program, problems associated with generic drugs priced as brand drugs, obsolete date issues, determination if drug is eligible for Federal rebate
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) and Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 In state long distance 1-804-786-6273	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Amerigroup 1-800-600-4441 Anthem 1800-901-0020 CareNet 1-800-279-1878 Majesticare 1-866-996-9140 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid Recipients enrolled in Medicaid Managed Care Plans

### **PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process**

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the

pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to Magellan Medicaid Administration at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply. The member will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

#### **Mobile Device Download for PDL**

There are two ways to download the PDL to mobile devices. There is a link on the DMAS website ([http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm)) which enables providers to download the PDL to their mobile device. This page will have complete directions for the download and HotSync operations.

ePocrates® users may also access Virginia Medicaid's PDL through the ePocrates® formulary link at [www.epocrates.com](http://www.epocrates.com). ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates® website at [www.epocrates.com](http://www.epocrates.com). To download the Virginia Medicaid PDL via the ePocrates® website to your mobile device, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your mobile device.
2. Connect to the Internet and go to [www.epocrates.com](http://www.epocrates.com).
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your mobile device to install the "Virginia Medicaid-PDL" to your mobile device.

#### **Are You Ready for 300H Implementation?**

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to submit claims electronically via Electronic Data Interchange (EDI) or Direct Data Entry (DDE), and receive payments via Electronic Funds Transfer (EFT) for those services provided to Medicaid enrollees. If you are not already submitting claims electronically, please contact the EDI Helpdesk at 866-352-0766 for more information. If you do not receive your payment by EFT, please contact Provider Enrollment Services as

soon as possible at 888-829-5373. The deadline for all providers to submit their claims electronically and receive payments by EFT is July 1, 2012.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare

Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

### **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX <a href="http://www.hdx.com">www.hdx.com</a> Telephone: 1 (610) 219-2322	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363-3666
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### **“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.